

CONFLICT OF INTEREST DISCLOSURE FOR GROUP INSURANCE COMMITTEES

SECTION 1. PURPOSE

This rule is intended to establish standards and procedures for disclosure by members of the Committee on Professional Liability Insurance and the Committee on Group Insurance Programs (“committee members”) of relationships with brokers and carriers of State Bar of California Sponsored Insurance Programs. These required disclosures are separate from, and in addition to, any disclosures required by the State Bar pursuant to the Political Reform Act and Business & Professions Code section 6036.

SECTION 2. ANNUAL STATEMENTS

A. Disclosure of Relationship(s)

If in the past twelve months, a committee member has or has had any significant familial, professional, business, or other relationship, direct or indirect, with any of the brokers or carriers of the State Bar’s Sponsored Insurance Programs, he or she must disclose this on an Annual Prospective Disclosure Form.

B. Time for Filing

Annual Prospective Disclosure Forms must be filed by April 1st of each year with the Secretary of the State Bar of California.

SECTION 3. INTERIM STATEMENTS

A. Disclosure of Relationship(s)

If a committee member has or has had any familial, professional, business, or other significant relationship, either adversarial or allied, direct or indirect, with any of the brokers or carriers related to a new insurance program or one which is out to bid, he or she must disclose this on an Interim Disclosure Form.

B. Time for Filing

Committee members must update their annual disclosure statement by filing an Interim Disclosure Form prior to time that their committee evaluates a Request for Proposal, and at any other such time as requested by the Board of Governors.

SECTION 4. DISQUALIFICATION FROM PARTICIPATION

A committee member must disqualify himself or herself from making, participating in the making of, or attempting to influence any decisions of their committee when

there exists a conflict of interest which will prevent the member from applying disinterested skill and undivided loyalty to the State Bar.

SECTION 5. FACTORS TO BE CONSIDERED

Factors to be considered in determining whether the relationship requires disqualification include remoteness in time of the relationship, duration of the relationship (transitory, recurring, or long term), and the extent to which the relationship is distinguishable from a casual, incidental contact.

SECTION 6. CHAIR'S DETERMINATION

If a committee member determines that a particular relationship does not require disqualification, and the chair determines that the relationship does require disqualification, the chair's determination shall prevail.

SECTION 7. PLACE OF FILING/CONFIDENTIALITY

Statements filed pursuant to these rules will be filed with the Secretary of the State Bar. Statements will be kept confidential, except as required by law. Board members, Office of General Counsel staff, and Insurance Program staff may inspect any Statement at any time.

SECTION 8. PENALTIES

Committee members, including the committee's chair and vice-chair, are appointed by and serve at the will and pleasure of the Board of Governors and may be removed from office with or without good cause. A committee member shall be removed from office if, in the Chair's determination or the Board's determination, a committee member fails to disclose a significant relationship. A committee member will be automatically removed from office if the committee member fails to file a required disclosure statement within sixty (60) days of the statement's due date.

COMMITTEE ON PROFESSIONAL LIABILITY INSURANCE
MEMBER REPORT ON RELATIONSHIPS WITH SPONSORED VENDORS

Name of vendor	Products Sponsored	Type of Professional Relationship* <i>(check all those that apply)</i>	Nature of Relationship* <i>(check all those that apply)</i>
Marsh	Prof. Liability & Business Office Package (broker)	Represent Marsh as Defendant or Plaintiff <input type="checkbox"/> Represent Plaintiff(s) Suing Marsh <input type="checkbox"/> Corporate Counsel <input type="checkbox"/> Other <input type="checkbox"/> If other, specify: <hr/> None <input type="checkbox"/>	Financial <input type="checkbox"/> Personal/ Non-financial <input type="checkbox"/> None <input type="checkbox"/>
Arch	Prof. Liability (carrier)	Represent Arch as Defendant or Plaintiff <input type="checkbox"/> Represent Plaintiff(s) Suing Arch <input type="checkbox"/> Corporate Counsel <input type="checkbox"/> Other <input type="checkbox"/> If other, specify: <hr/> None <input type="checkbox"/>	Financial <input type="checkbox"/> Personal/ Non-financial <input type="checkbox"/> None <input type="checkbox"/>

Hartford	Business Office Package (carrier)	Represent Hartford as Defendant or Plaintiff <input type="checkbox"/>	Financial <input type="checkbox"/>
		Represent Plaintiff(s) Suing Hartford <input type="checkbox"/>	Personal/ Non-financial <input type="checkbox"/>
		Corporate Counsel <input type="checkbox"/>	None <input type="checkbox"/>
		Other <input type="checkbox"/>	
		If other, specify: _____	
		None <input type="checkbox"/>	

*If further description is necessary for any category, please list the category and give the additional information here:

Category: _____

Additional information:

COMMITTEE ON GROUP INSURANCE PROGRAMS
MEMBER REPORT ON RELATIONSHIPS WITH SPONSORED VENDORS

Name of vendor	Products Sponsored	Type of Professional Relationship* <i>(check all those that apply)</i>	Nature of Relationship* <i>(check all those that apply)</i>
Marsh	Life	<p>Represent Marsh as Defendant or Plaintiff <input type="checkbox"/></p> <p>Represent Plaintiff(s) Suing Marsh <input type="checkbox"/></p> <p>Corporate Counsel <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>If other, specify: _____</p> <p>None <input type="checkbox"/></p>	<p>Financial <input type="checkbox"/></p> <p>Personal/ Non-financial <input type="checkbox"/></p> <p>None <input type="checkbox"/></p>

American General	Life	<p>Represent American General as Defendant or Plaintiff <input type="checkbox"/></p> <p>Represent Plaintiff(s) Suing American General <input type="checkbox"/></p> <p>Corporate Counsel <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>If other, specify:</p> <p>_____</p> <p>None <input type="checkbox"/></p>	<p>Financial <input type="checkbox"/></p> <p>Personal/ Non-financial <input type="checkbox"/></p> <p>None <input type="checkbox"/></p>
SCIF	Workers Comp	<p>Represent SCIF as Defendant or Plaintiff <input type="checkbox"/></p> <p>Represent Plaintiff(s) Suing SCIF <input type="checkbox"/></p> <p>Corporate Counsel <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>If other, specify:</p> <p>_____</p> <p>None <input type="checkbox"/></p>	<p>Financial <input type="checkbox"/></p> <p>Personal/ Non-financial <input type="checkbox"/></p> <p>None <input type="checkbox"/></p>

Hartford	AD&D (carrier)	Represent Hartford as Defendant or Plaintiff <input type="checkbox"/> Represent Plaintiff(s) Suing Hartford <input type="checkbox"/> Corporate Counsel <input type="checkbox"/> Other <input type="checkbox"/> If other, specify: <hr/> None <input type="checkbox"/>	Financial <input type="checkbox"/> Personal/ Non-financial <input type="checkbox"/> None <input type="checkbox"/>
AI&PS	Long-Term Care and Disability (broker)	Represent AIPS as Defendant or Plaintiff <input type="checkbox"/> Represent Plaintiff(s) Suing AIPS <input type="checkbox"/> Corporate Counsel <input type="checkbox"/> Other <input type="checkbox"/> If other, specify: <hr/> None <input type="checkbox"/>	Financial <input type="checkbox"/> Personal/ Non-financial <input type="checkbox"/> None <input type="checkbox"/>

John Hancock Life	Long Term Care (carrier)	Represent John Hancock Life as Defendant or Plaintiff <input type="checkbox"/> Represent Plaintiff(s) Suing John Hancock Life <input type="checkbox"/> Corporate Counsel <input type="checkbox"/> Other <input type="checkbox"/> If other, specify: <hr style="width: 100%; border: 0; border-top: 1px solid black; margin: 5px 0;"/> None <input type="checkbox"/>	Financial <input type="checkbox"/> Personal/ Non-financial <input type="checkbox"/> None <input type="checkbox"/>
Union Central	Disability (carrier)	Represent Union Central as Defendant or Plaintiff <input type="checkbox"/> Represent Plaintiff(s) Suing Union Central <input type="checkbox"/> Corporate Counsel <input type="checkbox"/> Other <input type="checkbox"/> If other, specify: <hr style="width: 100%; border: 0; border-top: 1px solid black; margin: 5px 0;"/> None <input type="checkbox"/>	Financial <input type="checkbox"/> Personal/ Non-financial <input type="checkbox"/> None <input type="checkbox"/>

*If further description is necessary for any category, please list the category and give the additional information here:

Category: _____

Additional information:
